

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Michaela Karle	COURT CASE NUMBER 3:14-CV-300062-MAP
DEFENDANT Capital One	TYPE OF PROCESS Serving of Complaint

SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
First United Security Bank
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
32451 Highway 43, Thomasville, AL 36784

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Michaela Karle
79 Thompson St.
Springfield, MA 01109

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney other Originator requesting service on behalf of:

Michaela Karle

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

413-887-8804

DATE

4/19/14

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk Dale A. Speltz	Date 4/22/14
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
5-12-14
Time
☐ am
☐ pm

Signature of U.S. Marshal or Deputy
Christa D. Day

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: Fwd USMS SD/AL 4/30/14

Certified mail

7013 2250 0001 2606 7857

Signed for by: G. Shamburgert

PRINT COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

UNITED STATES DISTRICT COURT
for the
DISTRICT OF MASSACHUSETTS

MICHAELA O. KARLE

Plaintiff

v.

CAPITAL ONE, ET AL.

Defendant

Civil Action No.:

3:14-CV-30062-MAP

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

First United Security Bank
32451 Highway 43
Thomasville, AL 36784

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Michaela Karle
7 Old South St.
Northampton, MA 01060

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT M. FARRELL

CLERK OF COURT

/s/ — Mary Finn

Signature of Clerk or Deputy Clerk



ISSUED ON 2014-04-16 10:07:27.0, Clerk USDC DMA

7592 7062 1000 0522 ET02

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only, No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here <i>mailed 5/7/2014</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To <i>First United Security Bank</i> Street, Apt. No., or PO Box No. <i>32451 Highway 43</i> City, State, ZIP+4 <i>Thomasville, AL 36784</i>	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 - Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:
- First United Security Bank
32451 Highway 43
Thomasville, AL 36784*

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>G. S. Hamburge</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>G. S. Hamburge</i>	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type: <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

2. Article Number *7013 2250 0001 2606 7857*
(Transfer from serv)

PS Form 3811, July 2013 Domestic Return Receipt



U.S. Department of Justice

United States Marshals Service

Southern District of Alabama

*113 Saint Joseph Street
Mobile, AL 36602*

To: United States Marshals Service
District of Massachusetts
300 State Street, S-101
Springfield, MA 01109

From: Pamela Ferrill

Subject: Service of Process USM-285 Executed
For 3:13-CV-30062

Thank you!

7012 3050 0000 7521 0691

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To United States Marshals Service Southern District of Alabama 413 U.S. Courthouse 113 St. Joseph Street Mobile, AL 36602		
Street, Apt. No., or PO Box No. City, State, ZIP		
PS Form 3800, August 2006 See Reverse for Instructions		

U.S. Department of Justice

United States Marshals Service

District of Massachusetts

300 State Street, S-101, Springfield, MA 01109

TO: United States Marshals Service
Southern District of Alabama
413 U.S. Courthouse
113 St. Joseph Street
Mobile, AL 36602

FROM: Daniel Spellacy

SUBJECT: Service of Process 3:14-CV-30062

Enclosed please find:

USM-285 Form	<u>1</u>
S&C	<u>1</u>

Remarks: Please, kindly serve the attached process and return the
USM-285 Form proof of service to our district.

Thank you!

Enclosure(s)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

United States Marshals Service
Southern District of Alabama
413 U.S. Courthouse
113 St. Joseph Street
Mobile, AL 36602

2. Article Number¹

(Transfer from service)

7012 3050 0000 7258 0691

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

L. Smith

☐ Agent

☐ Addressee

B. Received by (Printed Name)

L. Smith

C. Date of Delivery

5/5/14

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☒ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes